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IMPORTANT NOTICE TELECOPY/FACSIMILE COVER LETTER

TO: U.S. Patent and Trademark Office
Examiner: Michelle R. Connelly Cushwa
Art Unit: 2874

DATE: July 14, 2005

FROM: Lawrence J. McClure
Voice: (213) 337-6810, Fax: (213) 337-6701
lmccclure@hhlaw.com

TIME: _____

TOTAL NO. OF PAGES, INCLUDING COVER: 13 15

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MESSAGE:

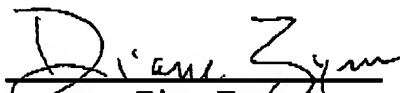
Patent Application No.: 10/652,588; Our Ref. 81716.0110

I hereby certify that the following document:

☒ Amendment/Amendment Transmittal Letter

is being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

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TELECOPY/FAX NUMBER: 703-872-9306 (Art Unit 2874)

CLIENT NUMBER: 81716.0110

ATTORNEY BILLING NUMBER: 1966

CONFIRMATION NUMBER: (return fax to Diane Zynn)

Appl. No. 10/652,588
 Amdt. Dated July 14, 2005
 Reply to Office Action of March 14, 2005

Attorney Docket No. 81716.0110
 Customer No.: 26021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Ryuji Mori

Serial No: 10/652,588

Filed: August 29, 2003

For: OPTICAL ELEMENT HOUSING
PACKAGE AND OPTICAL MODULE

Confirmation No.: 9148

Art Unit:

2874

Examiner:

Connelly Cushwa, Michelle R.

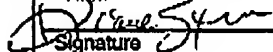
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July 14, 2005

Date of Deposit

Diane Zynn

Name



07/14/05

Signature

Date

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	22	-	22	--	0	LG=\$50 SM=\$25	\$0
INDEPENDENT CLAIMS FEE	1	-	3	---	0	LG=\$200 SM=\$100	\$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180	\$0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)						\$250 FOR EACH ADDITIONAL 50 SHEETS	\$0
TOTAL							\$0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.


** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

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☐ Please charge the fee of \$ for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.☒ Please charge the fee of \$120 for the one-month extension of time to Deposit Account No. 50-1314. A copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
 HOGAN & HARTSON L.L.P.

By:


 Lawrence J. McClure
 Registration No. 44,228
 Attorney for Applicant(s)

Date: July 14, 2005

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 500 South Grand Avenue, Suite 1800
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 Telephone: 213 337-6700
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